



...a subsidiary of the Glatfelter Insurance Group

## PERSONAL INJURY/ILLNESS INVESTIGATION REPORT

Emergency Service Organization \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Name of Injured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Injured \_\_\_\_\_

Phone( ) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ Years with Dept. \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Date Reported \_\_\_\_\_ Time Reported \_\_\_\_\_

Accident Reported To \_\_\_\_\_

### Nature of Injury

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fractures                    | <input type="checkbox"/> Multiple Injury               | <input type="checkbox"/> Heat Exhaustion, Fatigue       |
| <input type="checkbox"/> Inflammation                 | <input type="checkbox"/> Recurrence                    | <input type="checkbox"/> Abrasions, Contusions, Bruises |
| <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> Strain, Sprain, Torn Ligament | <input type="checkbox"/> Heart Malfunction              |
| <input type="checkbox"/> Frostbite, Cold Exposure     | <input type="checkbox"/> Cuts, Lacerations, Punctures  | <input type="checkbox"/> Eye Injury                     |
| <input type="checkbox"/> Pinched Nerve, Ruptured Disk | <input type="checkbox"/> Inhalation, Fumes             | <input type="checkbox"/> Burns                          |
| <input type="checkbox"/> Electric Shock               | <input type="checkbox"/> Inhalation, Smoke             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Chemical Injury              |  |   |

### Parts of Body Affected

- |   |                                  |                                      |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Multiple Parts | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee(s)     |
| <input type="checkbox"/> Head           | <input type="checkbox"/> Back    | <input type="checkbox"/> Ankle(s)    |
| <input type="checkbox"/> Eye(s)         | <input type="checkbox"/> Heart   | <input type="checkbox"/> Foot/Feet   |
| <input type="checkbox"/> Ear(s)         | <input type="checkbox"/> Groin   | <input type="checkbox"/> Ribs        |
| <input type="checkbox"/> Neck           | <input type="checkbox"/> Arm     | <input type="checkbox"/> Hip         |
| <input type="checkbox"/> Shoulder       | <input type="checkbox"/> Hand    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest          | <input type="checkbox"/> Finger  |                                      |
| <input type="checkbox"/> Lung           | <input type="checkbox"/> Leg(s)  |                                      |

### Where Injury Occurred

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Station Maintenance        | <input type="checkbox"/> Fundraising                     | <input type="checkbox"/> Standing By Station for Call                    |
| <input type="checkbox"/> Apparatus Maintenance      | <input type="checkbox"/> Convention                      | <input type="checkbox"/> Training  |
| <input type="checkbox"/> Emergency Scene            | <input type="checkbox"/> Emergency Vehicle to Emergency  | <input type="checkbox"/> Auxiliary Services                              |
| <input type="checkbox"/> Private Auto to Emergency  | <input type="checkbox"/> Emergency Vehicle Non-Emergency | <input type="checkbox"/> Responding/Returning to Emergency (Non-Vehicle) |
| <input type="checkbox"/> Private Auto Non-Emergency | <input type="checkbox"/> Parades, Picnics, Contests      | <input type="checkbox"/> Other _____                                     |

### Cause of Injury

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fall   | <input type="checkbox"/> Improper Lifting                | <input type="checkbox"/> Inadequate Illumination    |
| <input type="checkbox"/> Weather                                      | <input type="checkbox"/> Horseplay                       | <input type="checkbox"/> Inadequate Ventilation     |
| <input type="checkbox"/> Making Safety Devices Inoperative            | <input type="checkbox"/> Structural Collapse             | <input type="checkbox"/> Lack of Knowledge or Skill |
| <input type="checkbox"/> Using Defective Equipment                    | <input type="checkbox"/> Inadequate Guards or Protection | <input type="checkbox"/> Irrational Civilian        |
| <input type="checkbox"/> Using Equipment Improperly                   | <input type="checkbox"/> Back Draft                      | <input type="checkbox"/> Communication              |
| <input type="checkbox"/> Failure to Use Personal Protection Equipment | <input type="checkbox"/> Improper Placement              | <input type="checkbox"/> Abuse or Misuse            |
| <input type="checkbox"/> Struck By Object                             | <input type="checkbox"/> Civil Disturbance               | <input type="checkbox"/> Other _____                |

### Injury Occurred - Performing What Task?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Forcible Entry                | <input type="checkbox"/> Overhauling                   | <input type="checkbox"/> Rescue Operation          |
| <input type="checkbox"/> Using Ladders                 | <input type="checkbox"/> Salvage                       | <input type="checkbox"/> Administering Medical Aid |
| <input type="checkbox"/> Advancing/Directing Hose Line | <input type="checkbox"/> Servicing/Repairing Equipment | <input type="checkbox"/> Physical Fitness          |
| <input type="checkbox"/> Ventilating                   | <input type="checkbox"/> Extrication                   | <input type="checkbox"/> Other _____               |

Witness(es) to Injury: \_\_\_\_\_

